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APPLICANTS

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** CONTINUING DATA *****

W This application is a CON of 09/571,530 05/16/2000 PAT 6,673,103
which claims benefit of 60/135,031 05/20/1999

** FOREIGN APPLICATIONS *****

W NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>W</i> Initials <i>W</i>	NY	6	9	1

ADDRESS

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TITLE

Mesh graft and stent for increased flexibility

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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